SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly). B. Date of Delivery C. Signature. Agent Addressee
Article Addressed to:	If YES, enter delivery address below:
G.B. Searle & Co. 1209 N. Drange St.	in 120, enter delivery address below:
Wilmington, DE	
-10891	3. Service Type Certified Mail Express Mail Registered Receipt for Merchandise C.O.D.
<u> </u>	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	7005 1820 0007 2209 1093
PS Form 3811, July 1999 Domestic	Return Receipt 102595-00-M-0952